

EXHIBIT 1

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:)	Chapter 7
)	
WESTLAKE PROPERTY HOLDINGS LLC)	Case No. 19-22881
<i>et al.</i> ,)	(Jointly Administered)
)	
Debtors.)	Hon. Deborah L. Thorne

**DECLARATION OF DR. BEHROOZ ESHAGHY IN SUPPORT OF CLAIM NO. 121-1
AND CLAIMANT’S RESPONSE TO NOTICE OF TRUSTEE’S SIXTH OMNIBUS
OBJECTION TO CERTAIN OVERSTATED, MISCLASSIFIED, TARDILY FILED AND
NO LIABILITY CLAIMS [DKT. 111]**

I, Dr. Behrooz Eshaghy (“Claimant”), state the following as my Declaration:

1. I am a licensed physician in the State of Illinois and owner of Behrooz Eshaghy, M.D., S.C. (the “Medical Group”).
2. Prior to August 6, 2019 (the “Petition Date”) I was the director of Cardiology for Westlake Hospital (“Westlake”).
3. On the Petition Date, Westlake and Westlake Property Holdings LLC (together, the “Debtors”) filed voluntary petitions under Chapter 7 of the Bankruptcy Code in the United States Bankruptcy Court for the District of Delaware (together, the “Cases”).
4. On August 13, 2019, the Delaware court transferred the Cases to the U.S. Bankruptcy Court for the Northern District of Illinois, where they are jointly administered as Case No. 19-22878.
5. Subsequent to the transfer of the Cases, Mr. Ira Bodenstein was appointed as the Chapter 7 trustee for the Debtors (the “Trustee”).
6. On January 4, 2020, I timely filed a proof of claim against the Debtors in the amount of \$40,750.00 (the “Claim”). The Claim is pending as Claim No. 121-1 in the Pipeline-

Westlake Hospital LLC case (No. 19-22881). A copy of the Claim is attached hereto as Exhibit A.

7. On or about August 23, 2021, the Trustee filed a Sixth Omnibus Objection to Certain Overstated, Misclassified, Tardily Filed and No Liability Claim [Dkt. 111] (the “Claim Objection”). The Claim Objection included an objection to my Claim on the alleged basis that the Claim is overstated according to the books and records of the Debtors. In his Claim Objection, the Trustee suggests reducing the Claim to \$1,021.00.

8. Since the filing of the Claim Objection, I have exchanged information and documentation to the Trustee supporting the Claim, as follows:

- a. I was paid from Westlake \$2,000 per month for directorship fees in payment for my position as Director of Cardiology for the hospital. Payment for the June 2019 directorship was paid by Westlake by check in the amount of \$2,000, which check was returned for insufficient funds, and remains outstanding. Directorship payments were made pursuant to terms of the Directorship Agreement dated July 1, 2016 between myself and Westlake. A copy of the Directorship Agreement will be made available to the Trustee.
- b. In addition, directorship fees for August 2019 (prorated in the amount of \$1,000) were not paid. *See* Directorship Agreement.
- c. I received payments from Westlake by check which were also returned for insufficient funds in the collective amount of \$6,350. Those checks were never replaced and remain outstanding. Copies of these checks are attached hereto as Exhibit B.

- d. I was paid \$5.55 per EKG review. As of the Petition Date, I was owed the sum of \$1,500 from Westlake for EKG's reviewed from January 7, 2019 through August 15, 2019. Payments for EKG services were paid pursuant to a Non-Invasive Cardiology Panel Agreement dated December 13, 2016 entered into between myself and Westlake. A copy of the Cardiology Agreement will be made available to the Trustee.
- e. Pursuant to an Emergency Room On-Call Agreement entered between myself and Westlake on April 6, 2017, I was paid by Westlake for each self-pay patient of Westlake for whom I provided medical care. The sum of not less than \$15,000 remains due from Westlake to myself pursuant to the terms of the Agreement for the self-pay patients provided medical care by me in 2018 and 2019 (from January through August). A copy of the ER On-Call Agreement will be made available to the Trustee.

9. In total, the sum of not less than \$25,850 remains due to me from Westlake. I advised the Trustee that I would agree to reducing the Claim to \$25,850.

10. Based on the foregoing, the Trustee's objection should be denied, and an Order allowing the Claim in the amount of \$25,850 should be entered.

Dated: December 15, 2021

Behrooz Eshaghy M.D.

SUBSCRIBED AND SWORN to before
me this ____st day of _____, 2021

Notary Public

EXHIBIT A

Fill in this information to identify the case:

Debtor 1	Pipeline - Westlake Hospital, LLC
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court	Northern District of Illinois
Case number:	19-22881

FILED
U.S. Bankruptcy Court
Northern District of Illinois
1/4/2020
Jeffrey P. Allsteadt, Clerk

**Official Form 410
Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Eshaghy Behrooz MD Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Eshaghy Behrooz MD Name 1111 Superior Street Suite 303 Melrose Park, IL 60160 Contact phone 6303256929 Contact email caeshaghy@aol.com Uniform claim identifier for electronic payments in chapter 13 (if you use one):	Where should payments to the creditor be sent? (if different) 1613 Midwest Club Pky Name Oak Brook, IL 60523-2584 Contact phone 6303256929 Contact email caeshaghy
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 40750.00 Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as healthcare information.
 Services performed – Cardiology Director, EKG Interpretation, Self Pay Patient payments

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? ☒ No ☐ Yes. Check all that apply:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies	\$ _____

* Amounts are subject to adjustment on 4/1/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- ☒ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 1/4/2020
 MM / DD / YYYY

/s/ Behrooz Eshaghy

Signature

Print the name of the person who is completing and signing this claim:

Name

Behrooz Eshaghy

First name Middle name Last name

Title

Company

Address

Identify the corporate servicer as the company if the authorized agent is a servicer

1613 Midwest Club Pky

Number Street

Oak Brook, IL 60523-2584

City State ZIP Code

Contact phone

6303256929

Email

caeshaghy@aol.com

EXHIBIT B

40/30/2017
100300000013500
This is a LEGAL COPY of your
check. You can use it the same
way you would use the original
check.

RETURN REASON (S)
REFER TO MAKER

6102/82/01 16900001201
5222611009000000

WARNING: THIS DOCUMENT CONTAINS MICROPRINT BORDER, A VOID PANTO AND PAOLOK ICON

PL WESTLAKE HOSPITAL INC, LLC
1223 WEST LAKE STREET
MELROSE PARK, IL 60160

Wells Fargo Bank, N.A.
San Francisco, CA

12-22
3310

DATE	CHECK NO.
07/29/2019	0253843

AMOUNT
*****2,000.00

PAY TWO THOUSAND DOLLARS AND ZERO CENTS*****

To The Order Of BENROOZ BENAGHT MD
1613 MIDWEST CLUB PARKWAY
OAK BROOK IL 60155

78715-2

VOID OVER 60 DAYS

00000253843 121000248 4611577149

00000253843 121000248 4611577149

00000200000

5109600000

0000053293 121000248 4611577149

WARNING: THIS DOCUMENT CONTAINS MICROPRINT BORDER, A VOID PANTO AND PAOLOK ICON

PL WESTLAKE HOSPITAL INC, LLC
1223 WEST LAKE STREET
MELROSE PARK, IL 60160

Wells Fargo Bank, N.A.
San Francisco, CA

12-22
3310

DATE	CHECK NO.
08/24/2019	0253843

AMOUNT
*****1,500.00

PAY NINE THOUSAND SIXTY DOLLARS AND 15 CENTS*****

To The Order Of BENROOZ BENAGHT MD
1613 MIDWEST CLUB PARKWAY
OAK BROOK IL 60155

78715-2

VOID OVER 60 DAYS

0000053293 121000248 4611577149

REFER TO MAKER

RETURN REASON (S)
REFER TO MAKER

This is a LEGAL COPY of your
check. You can use it the same
way you would use the original
check.
08/24/2019
10030000015400
0253843

000008101325796
021000069106/12/2019

027107080
08/24/2019
100300000015500
This is a LEGAL COPY of your
check. You can use it the same
way you would use the original
check.

RETURN REASON (S)
REFER TO MAKER

6102/21/01 16900001201
4625261100900000

REFER TO MAKER

WARNING: THIS DOCUMENT CONTAINS MICROPRINT BORDER, A VOID PANTO AND PAOLOK ICON

PL WESTLAKE HOSPITAL INC, LLC
1223 WEST LAKE STREET
MELROSE PARK, IL 60160

Wells Fargo Bank, N.A.
San Francisco, CA

12-22
3310

DATE	CHECK NO.
07/02/2019	0253843

AMOUNT
*****1,500.00

PAY ONE THOUSAND NINE HUNDRED FIFTY DOLLARS AND ZERO CENTS*****

To The Order Of BENROOZ BENAGHT MD
1613 MIDWEST CLUB PARKWAY
OAK BROOK IL 60155

78715-2

VOID OVER 60 DAYS

00000253843 121000248 4611577149

00000253843 121000248 4611577149

00005910000

027107080
08/14/2019
100300000015600
This is a LEGAL COPY of your
check. You can use it the same
way you would use the original
check.

RETURN REASON (S)
REFER TO MAKER

6102/21/2019 1600001201
56452ET01800000

REFER TO MAKER

WARNING: THIS DOCUMENT CONTAINS MICROPRINT BORDER, A VOID PANTO AND PULL-OUT COPY

FL. WESTLAKE HOSPITAL INC. LLC 1273 WEST LAMP STREET MELBOURNE PARK, FL 32956		Pella Fresno Blvd, N.A. San Francisco, CA	(1-2) 1510
DATE	CHECK NO.		
08/14/2019	0251292		
AMOUNT \$1,000.00			
Pay ONE THOUSAND FIVE HUNDRED DOLLARS AND ZERO CENTS*****			
To The Order Of	BERROZ ESUAGHY MD 1613 MIDWEST CLUB PARKWAY OAK BROOK IL 60521		
VOID course Days			

00000251292 121000248 4611577149

00000251292 121000248 4611577149

0000150000